



**Wisconsin Deafblind  
Technical Assistance Project**  
124 2<sup>nd</sup> Street #35, Baraboo, WI 53913  
[www.wdbtap.wi.gov](http://www.wdbtap.wi.gov)



**Request for 12<sup>th</sup> International CHARGE Syndrome Conference**  
**July 30-August 2, 2015**

**APPLICATION GUIDELINES**

- \*\* Deadline for application is March 20, 2015.** All applications must be received in the WDBTAP office by that date in order to be considered for funding.
- \*\* Please note that funding is based on availability.** It is also suggested that at least one other local organization be approached for assistance. Scholarships may not cover entire cost of conference.
- \*\* You will be notified by WDBTAP of the ability to assist and the amount awarded as a scholarship by April 1, 2015.**

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone and Email:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Funding Assistance Request:**

Cost of registration: \_\_\_\_\_

Cost of hotel: \_\_\_\_\_

**Total Funding Assistance Requested:** \_\_\_\_\_

**What other organizations have you asked to assist you with your request in conjunction with WDBTAP?** \_\_\_\_\_

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•Lynn Brekke, Office Associate  
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•Jodi Anderson, Family Specialist  
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**We ask our scholarship recipients to participate in an activity that will benefit others or which can be used in the future. How would you prefer to participate in a post-attendance activity?**

- Article in newsletter
- Short presentation at a family or professional conference
- Other (please specify)\_\_\_\_\_

Your signature: \_\_\_\_\_ Date:\_\_\_\_\_

**Please return completed form by March 20, 2015 to:**

**WDBTAP  
124 2<sup>nd</sup> Street, Suite 35  
Baraboo, WI 53913  
OR  
lynn.brekke@wesp-dhh.wi.gov  
OR  
Fax: (608) 355-2042**